

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15	1					
16		3				
17		1				
18		3				
19		3				
20		3				
21		3				
22		3				
23		3				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30	1					
31	1					
32		2				
33		2				
34		1				
35		3				
36		2				
37		3				
38		2				
39		1				
40		1				
41		5				
42		1				
43		2				
44		1				
45	1					
46		1				
47		1				
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	64					
TOTAL CLAIMS	74					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

22
27
10
8
64